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IN THIS ISSUE

Message from the Deputy Commissioner for
Behavioral and Community Health
Services 2

Question from the Assistant Commissioner for
Mental Health and Substance Abuse Services:
"What have you done for clients today using
data?"

Answer: Esther Betts (Program Specialist
and National Prevention Network
Representative for Texas, Substance Abuse
Program Services) 3

Hospital Data Highlights
More Individuals with Multiple State Mental
Health Hospital Admissions Benefiting from
Community-Based Services 1

Community Mental Health Data Highlights
More Clients Experience Positive Outcomes
with Greater Service Intensity 2

Substance Abuse Data Highlights
New Client Placement Criteria Associated
with Positive Employment Outcome 3

What the Research Literature Teaches Us:
Outpatient Mental Health Service Use by
Elderly after Acute Psychiatric
Hospitalization 4
Retention in Publicly Funded Methadone
Maintenance Treatment in Two Western
States 4

Upcoming Events 5

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Behavioral Health NEWS BRIEF

Informing policy and practice in mental health and substance abuse services through data

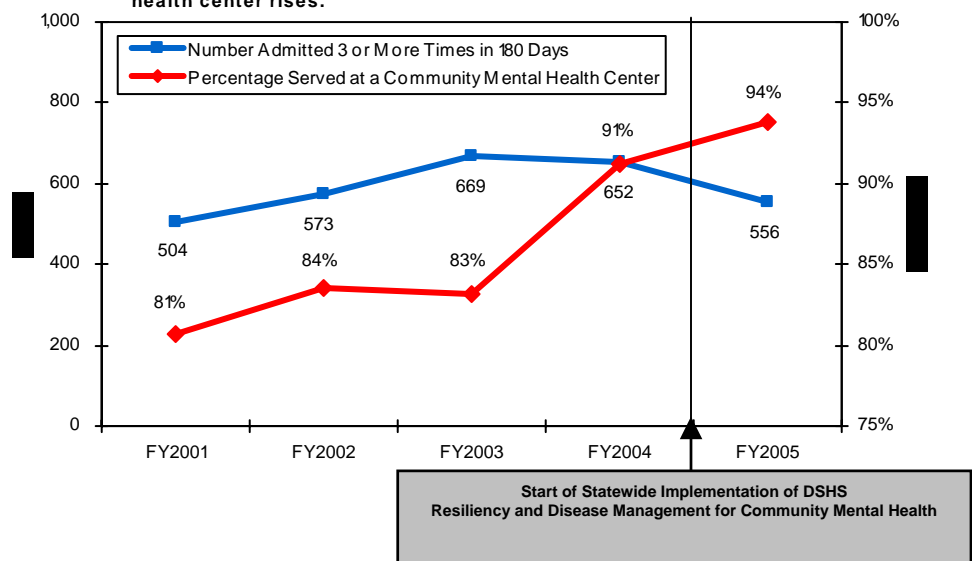
Volume 1 ■ Issue 2 ■ April 17, 2006

HOSPITAL DATA HIGHLIGHTS

More Individuals with Multiple State Mental Health Hospital Admissions Benefiting from Community-Based Services

The 1999 U.S. Supreme Court ruling in *Olmstead v. Linn* stated that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination. In response, Texas Senate Bill 367 was passed in 2001. The legislation directed the Texas Department of Mental Health and Mental Retardation (TDMHMR), now the Texas Department of State Health Services (DSHS), to target individuals with a mental illness admitted 3 or more times in 180 days to a psychiatric hospital and to consider them for community-based services. But have more people with multiple Texas State Mental Health Hospital admissions benefited from community-based services since Fiscal Year 2001? A data analysis conducted by Mark Mason (Mental Health and Substance Abuse Data Analysis and Information) seems to indicate that this is the case. As *Figure 1* shows, the number of individuals admitted to a Texas State Mental Health Hospital 3 or more times in 180 days appears to have tapered off, while the percentage of these individuals who have been served at a Texas community mental health center has risen dramatically from Fiscal Year 2001 to 2005.

Figure 1. Number of individuals admitted to a Texas State Mental Health Hospital 3 or more times in 180 days tapering off, while percentage of these individuals served at a Texas community mental health center rises.



Source: DSHS Client Assignment and Registration (CARE) system, 02/27/06.

DSHS continues to be an active participant on the Texas inter-agency Promoting Independence Advisory Committee (PIAC). The goal is to promote independence among adults with serious mental illness and children with serious emotional disturbance who may have been admitted to a psychiatric hospital, and who would benefit from community mental health services.



MESSAGE FROM THE DEPUTY COMMISSIONER FOR BEHAVIORAL AND COMMUNITY HEALTH SERVICES

Dave Wanser, PhD

Two recent developments reinforce the importance of data for informing policy and practice in behavioral health. The first is the significant finding by Myrna Weissman and her colleagues published in the March 22/29, 2006 issue of the *Journal of the American Medical Association*. The authors found that treating a mother's depression can help prevent depression and anxiety disorders in her child, underscoring the notion that a family approach to behavioral health care can lead to positive results. The second is the launch of two online journals. Mental health and substance abuse professionals now have open access to *Substance Abuse Treatment, Prevention, and Policy* (<http://www.substanceabusepolicy.com/>) and the *Journal of Occupational Medicine and Toxicology* (<http://www.occup-med.com/>). Indeed, many opportunities exist for those at DSHS and elsewhere to use data to inform policy and practice in behavioral health.

Weissman, M. et al. (2006). Remissions in maternal depression and child psychopathology. *Journal of the American Medical Association*, 295(12), 1389-1398.

COMMUNITY MENTAL HEALTH DATA HIGHLIGHTS

More Clients Experience Positive Outcomes with Greater Service Intensity

The DSHS Resiliency and Disease Management (RDM) initiative for community mental health services in Texas attempts to ensure that individuals are not only receiving the types of services that are clinically appropriate, but also the amount of services that are necessary according to evidence-based practices. Low, moderate, and high intensity service packages were developed, each recommending that clients receive a minimum number of service hours. Indeed, more clients are receiving the minimum number of recommended service hours than when RDM first began in Quarter 1 of Fiscal Year 2005 (see *DSHS Behavioral Health News Brief*, Volume 1, Issue 1, February 17, 2006). But do more clients experience any positive outcomes as service intensity increases? A

Figure 2. As intensity of DSHS adult community mental health services increases, so does percentage of adults with serious mental illness who experienced improved functioning during Fiscal Year 2005.

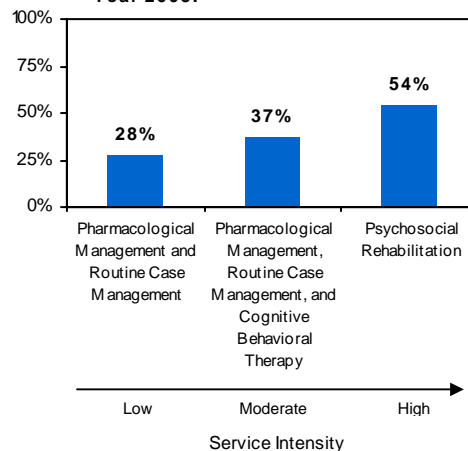
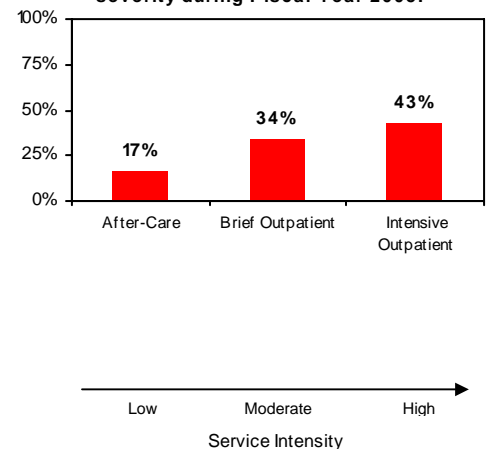


Figure 3. As intensity of DSHS children's community mental health services increases, so does percentage of children with severe emotional disturbance who experienced improved problem severity during Fiscal Year 2005.



Source: DSHS Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW), Business Objects PM Adult/Child Outcomes for FY2005 Appropriately-Authorized Adults/Children, 02/28/06.

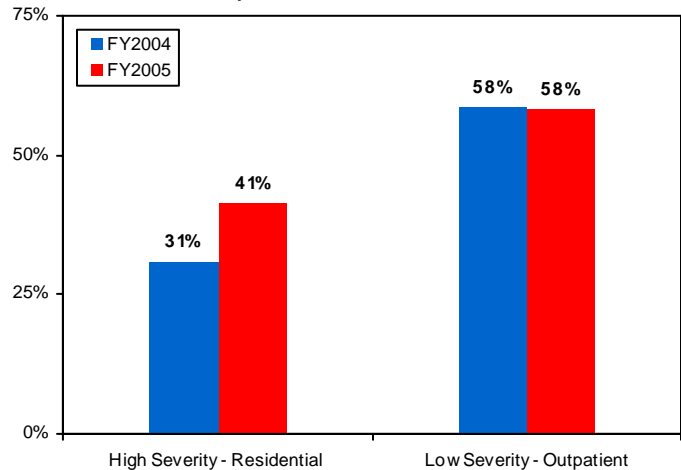
data analysis by Karen Ruggiero, Ph.D. (Community Mental Health Program Services) suggests that the answer to this question is "yes." *Figure 2* indicates that as the intensity of DSHS adult community mental health services increases from Pharmacological Management and Routine Case Management to Psychosocial Rehabilitation, so does the percentage of adults with serious mental illness (SMI) who experienced improved functioning in Fiscal Year 2005. *Figure 3* shows that as the intensity of DSHS children's community mental health services increases from After-Care to Intensive Outpatient, so does the percentage of children with severe emotional disturbance (SED) who experienced improved problem severity in Fiscal Year 2005. These data highlight the importance of service intensity for the recovery of adults with SMI and the resiliency of children with SED. The findings also point to the cost-effectiveness of RDM, since as service intensity increases with more clients experiencing positive outcomes, so too did the Fiscal Year 2005 average monthly cost per client receiving low (Adults: \$208; Children: \$177) vs. high (Adults: \$526; Children: \$507) intensity services.

SUBSTANCE ABUSE DATA HIGHLIGHTS

New Client Placement Criteria Associated with Positive Employment Outcome

To provide a better fit between client need and intensity of substance abuse treatment, DSHS instituted a system change. The level of addiction severity had been measured per client using the *Addiction Severity Index* (ASI; McLellan, Cacciola, Carise, & Coyne, 1999), but beginning in Fiscal Year 2005, Outreach, Screening, Assessment, and Referral organizations in Texas were authorized to make decisions about client placement in substance abuse treatment using the ASI. It was expected that individuals with high severity would be placed in more intensive residential treatment, whereas those with low severity would be placed in less intensive outpatient treatment. As a result of these new placement criteria and expectations, the number of clients admitted to substance abuse *outpatient* treatment *increased* from Fiscal Year 2004 to 2005, while the number of clients admitted to *residential* treatment *decreased* during this same time period (see *DSHS Behavioral Health News Brief*, Volume 1, Issue 1, February 17, 2006). In fact, this resulted in an increase in the total number of clients that was just under 6 percent, and over 3.5 million dollars in cost savings (see also *DSHS Behavioral Health News Brief*, Volume 1, Issue 1, February 17, 2006). But are the new client placement criteria associated with any positive treatment outcomes? Data analyses by Martin Arocena, Ph.D. (Mental Health and Substance Abuse Data Analysis and Information), seem to show that this is the case. As *Figure 4* shows, among those with high severity who received substance abuse residential treatment, the percentage of clients who were employed was substantially greater in Fiscal Year 2005 when the new placement criteria were implemented, than in Fiscal Year 2004. In addition, Figure 4 indicates that among those with low severity who received outpatient substance abuse treatment, the percentage of clients who were employed stayed relatively high. These data underscore the benefits of assessment-driven substance abuse treatment for individuals in Texas.

Figure 4. Substantially greater percentage of Texas clients with high severity in residential treatment employed in FY2005 than FY2004, with same, relatively high percentage of low severity employed clients in outpatient treatment.



Source: DSHS Behavioral Health Integrated Provider System (BHIPS), 02/28/06.

QUESTION FROM THE ASSISTANT COMMISSIONER FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES: “What have you done for clients today using data?”
(Joe Vesowate)

ANSWER: Esther Betts (Program Specialist and National Prevention Network Representative for Texas, Substance Abuse Program Services)

I reviewed data that is submitted to DSHS by providers of youth substance abuse prevention programs in Texas on their fidelity to evidence-based curriculums (e.g., number of sessions delivered) and the outcomes achieved (e.g., number of youth who completed the program). Using the data as a guide, I then provided technical assistance to providers. The goal is to ensure that the fidelity of each curriculum is maintained, and that substance abuse prevention services are delivered to youth and their families across the state that are effective.

WHAT THE RESEARCH LITERATURE TEACHES US

Outpatient Mental Health Service Use by Elderly after Acute Psychiatric Hospitalization

Hong Li, Enola Proctor, and Nancy Morrow-Howell recently conducted a study on outpatient mental health service use by elderly individuals who were discharged from an acute gero-psychiatric unit in an urban mid-western hospital. The study, published in the January/March 2005 issue of the *Journal of Behavioral Health Services and Research*, assessed the service barriers experienced by 199 elderly persons diagnosed with Major Depressive Disorder, and identified factors related to their use of outpatient mental health services. Almost three-quarters of the elderly individuals saw a psychiatrist within six weeks after discharge, but few used other outpatient mental health services. The most frequently reported barriers to use included the cost of services, the personal belief that depression would improve on its own, and a lack of awareness of available services. Moreover, elderly women who resided in rural areas, and those who wanted to solve their problems on their own, were less likely to use outpatient mental health services. Elderly individuals who reported greater levels of functional impairment, who resided in rural areas, and who perceived that getting services required too much time, were less likely to see a psychiatrist in the post-acute period. African American elders were more likely than their white counterparts to use day treatment programs, which may be related to the fact that most day treatment centers were located in areas where the majority of residents were African Americans. These findings help to illuminate the challenges faced by individuals with serious mental illness who are also elderly. Clearly, as the Texas population continues to age, DSHS will need to meet these challenges.

Hong, L., Proctor, E., & Morrow-Howell, N. (2005). Outpatient mental health service use by older adults after acute psychiatric hospitalization. *Journal of Behavioral Health Services and Research*, 32(1), 74-84.

Retention in Publicly Funded Methadone Maintenance Treatment in Two Western States

A study by Denis Deck and Matthew Carlson published in the January/March 2005 issue of the *Journal of Behavioral Health Services and Research*, examined individual and system characteristics associated with 365-day retention in methadone maintenance treatment among Medicaid-eligible adults in treatment for opiate use in Oregon and Washington. Older patients, patients with a history of methadone treatment and persons with stable Medicaid eligibility had higher rates of retention. Patients with disabilities, poly substance users, and those with an arrest record had lower rates of retention. In Oregon, which delivers methadone maintenance treatment through managed care, retention rose sharply from 28% to 51% between 1994 and 1998 and then leveled off. During the same time period, retention in Washington State grew from 28% to 34%. The higher rates of retention in Oregon, in part, can be explained by differences in service delivery influenced by financing. Faced with long waiting lists, Washington providers were more than twice as likely to administratively discharge patients for rule violations as their Oregon counterparts. Given the importance of retention, DSHS policies and practices that influence methadone maintenance treatment retention in Texas should be carefully considered. Because Medicaid eligibility has a dramatic impact on retention, policies that help extend eligibility, or stabilize eligibility among individuals actively engaged in methadone maintenance treatment, should be kept in mind.

Deck, D., & Carlson, M. J. (2005). Retention in publicly funded methadone maintenance treatment in two western states. *Journal of Behavioral Health Services and Research*, 32(1), 43-60.

UPCOMING EVENTS

April 19-May 18, 2006

HHSC Public Hearings on the Coordinated Strategic Plan

Various Dates and Locations

For more information/agenda: http://www.hhs.state.tx.us/StrategicPlans/2007_2011_Agenda.shtml

April 26-27, 2006

DSHS Employee Advisory Committee Meeting

Terrell State Hospital

1200 East Brin Street, Terrell, Texas

For agenda, stay tuned to <http://online.dshs.state.tx.us/wpimprovement/deac/minutes.htm>

April 28, 2006

DSHS Legislative Appropriations Request Stakeholder Meeting

1100 West 49th Street, Austin, Texas

For more information: http://www.dshs.state.tx.us/legislative/LAR_stakeholders0406.shtml

May 4-5, 2006

DSHS Council Meeting

Robert E. Moreton Building, M-739

1100 West 49th Street, Austin, Texas

For agenda, stay tuned to <http://www.dshs.state.tx.us/council/agenda.shtml>

May 23-24, 2006

DSHS Employee Advisory Committee Meeting

Austin State Hospital, Nifty Fifty Diner

909 West 45th Street, Austin, Texas

For agenda, stay tuned to <http://online.dshs.state.tx.us/wpimprovement/deac/minutes.htm>

July 31-August 4, 2006

2006 Annual Texas Institute on Substance Abuse and Mental Health: Improving the Quality of Care for Texans

Renaissance Hotel

9721 Arboretum Boulevard, Austin, Texas

For more information, see <http://www.txsainstitute.com/default.asp>